



Delhi Public School
Vasant Kunj, New Delhi - 70
STUDENT HEALTH RECORD

General Information

Name of the student: _____ Admission No : _____
Father's Name : _____ Mobile no : _____
Mother's Name : _____ Mobile no : _____
Date of Birth : _____ Gender : M F
Blood Group: _____

Physical Examination

Height (in cm) _____ Weight (in kg) _____ BMI _____
Vision : RE _____ LE _____
Last vaccination taken, Specify Name & Date _____

Medical History

Allergies: Drug Food Others
If yes, state in detail about the allergy _____
Does the child suffer from any (Present or Past) medical conditions: Yes No
 Asthma Bronchitis Diabetes Cardiac Ailment Epilepsy Surgery Undergone
 Hypertension Others

If yes, then please give more details of the medical condition (past or present) date diagnosed, Treatment taken & last prescription of treating doctor.

Note : Past medical history (if any), a cause of concern to the student, is mandatory to be shared with the school in the interest of the student. However, the history shared with the school shall be kept confidential at all times.

Medical Fitness Certificate

Certified that Master/ Miss _____ is medically fit has no allergy has not suffered from any Acute / Chronic disease which needs constant Medical Supervision. The above mentioned is physically fit to attend the school.

Date : _____ Signature of Medical Officer _____
Name with Regn no. & Seal _____